

人身意外保險投保書

Personal Accident Insurance Proposal Form

甲部 投保人資料
Part A Personal Details of the Proposer

投保人姓名 Name of Proposer	中文 Chinese	英文 English	
聯絡電話 Contact No.	住宅 Home	手提 Mobile	辦公室 Office
通訊地址 Mailing Address			
電郵地址 E-mail Address	與被保險人關係 Relationship with the Insured		
保單生效日期(日/月/年) Period of Insurance (dd/mm/yy)	由 From	至 To	(起訖兩日均包括在內) (Both dates inclusive)

乙部 被保險人資料
Part B Details of the Insured

被保險人姓名 Name of Insured	中文 Chinese	英文 English	
香港身份證號碼 HKID Card No.	出生日期(日/月/年) Date of Birth (dd/mm/yy)		
聯絡電話 Contact No.	住宅 Home	手提 Mobile	辦公室 Office
通訊地址 Mailing Address			電郵地址 E-mail Address
職業 Occupation	工作性質 Nature of Works		

丙部 受益人資料
Part C Details of Beneficiary

受益人姓名 Name of Beneficiary	中文 Chinese	英文 English	
香港身份證號碼 HKID Card No.	與被保險人關係 Relationship with the Insured		

丁部 保障選擇
Part D Type of Cover Required

保障選擇 Type of Cover Required	保額 (HK\$) Amount of Coverage	保費 (HK\$) Premium
意外死亡及永久性傷殘 Accidental Death & Permanent Disablement		
意外醫療費用(每宗意外) Accidental Medical Expenses (Per accident)		
人息保障(每年) Income Protection (Per year)		
住院現金津貼(每日) Hospitalization Cash Allowance (Per day)		
每年最低保費為港幣\$500 Minimum Annual Premium is HK\$500	合計 Total	

戊部 保險記錄
Part E Insurance History

1 閣下的職務是否需要體力勞動或往室外工作? Are you involved in any manual or outdoor duties at work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2 閣下是否現正接受醫藥治療、接受觀察、接受手術護理、或服用任何藥物? Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3 閣下曾否染上嚴重疾病或嚴重身體受傷? Have you ever suffered from any serious injury or illness?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4 閣下現時有否購買其他意外或醫療保險? Are you holding any insurance against accident or illness?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5 閣下曾否被其他保險公司拒絕受保、取消保單、不允續保、要求增加保費或註明特別條件? Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew your policy, required an increased rate or imposed special terms?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
閣下如在上述任何一項回答"是",請詳述。 If your answer is "Yes" in any of the above question, please give details.	

己部 付款方式
Part F Payment Method

支票付款 Cheque

劃線支票抬頭人請填寫"中國太平洋保險(香港)有限公司"

Please cross your cheque and make it payable to "CHINA PACIFIC INSURANCE CO., (H.K.) LTD."

現金付款 Cash

請親臨中國太平洋保險(香港)有限公司

地址：香港灣仔港灣道18號中環廣場4301室

Please pay at the office of China Pacific Insurance Co., (H.K.) Ltd. Address: Suite 4301, 43/F., Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.

信用卡付款 Credit Card

VISA

MasterCard

信用卡帳戶號碼

Credit Card Account No. _____

信用卡持有人姓名

Name of the Card Holder _____

信用卡到期日

Credit Card Expiry Date _____

(月/年)

(mm/yyyy)

本人現授權中國太平洋保險(香港)有限公司從本人上述之信用卡帳戶支取有關保險之保費。

I hereby authorize the CHINA PACIFIC INSURANCE CO., (H.K.) LTD. to debit my credit card account above for the insurance premiums of this insurance policy.

信用卡持有人簽署 Signature of the Card Holder

日期 Date

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期
- 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險或再保險業務有關的公司或與保險業務有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條例監察主任提出。

聯絡電話：(852) 2541 4338

Personal Data Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them.
- any claim or analysis of it.

And may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Pacific Insurance Co., (H.K.) Ltd. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer. The contact number is (852) 2541 4338.

聲明

本人/吾等謹此聲明，根據本人所知及所信，上述所有資料均屬實無訛且為事實之全部，而所有能影響該項申請評估的事實因素均呈報。

本人/吾等明白本投保書在中國太平洋保險(香港)有限公司接納後，保單始正式生效。本人/吾等亦同意此投保書及聲明將會作為本人/吾等與中國太平洋保險(香港)有限公司之間的合約基礎。

本人/吾等明白中國太平洋保險(香港)有限公司收集的所有有關本人/吾等資料是用作投保、索償調查或數據研究或轉交其他人士或機構作核證數據或再保險之用。本人/吾等有權查核及要求更改有關本人/吾等的資料。

Declaration

I/We declare that the information given above is true and complete to the best of my/our knowledge and believe that all the material facts affecting the assessment of this application has been disclosed.

I/We understand that proposal will not become effective until it has been accepted by China Pacific Insurance Co., (H.K.) Ltd. and agree that this proposal and declaration should be the basis of the contract between me/us and China Pacific Insurance Co., (H.K.) Ltd.

I/We understand that all the information collected by China Pacific Insurance Co., (H.K.) Ltd. for the purpose of underwriting, claim investigation or statistical research or being transferred to such person(s) or organization(s) for the purpose of data verification or reinsurance. I/We have the right to obtain access to and to request correction of my/our information.

投保人簽署 Signature of the Proposer

日期 Date

Official Use Only

Agent Code	
Client Code	
Account Handler	
Remark	
Total Premium	